

2011 VET Teacher Training Information Technology Application Form

Applicant's photograph
Please attach a recent passport size photo which shows a full front view of your head and shoulders. If your photo is larger than indicated, please trim to size. Please sign reverse of photograph before attaching.

1. APPLICANT DETAILS

DET ID number

Title First Name Last Name

Residential address

 Postcode

Home phone Mobile phone

Email (your @det.nsw.edu.au email is preferred)

Note: Training and event information is emailed directly to the teacher.

2. CURRENT POSITION

Employment status in the NSW Department of Education and Training

- ☐ Permanent full-time
 ☐ Above Establishment
☐ Permanent part-time
 ☐ Temporary
☐ LWOP (*permanent only*)
 ☐ Casual

3. TEACHING PROFILE

Name of school School code

Principal's name
 Title First name Surname

School address

School phone School fax

Regional Vocational Education Consultant (RVEC) Region

4. SUBJECT INFORMATION

Information about subject specialisations is required to determine whether a teacher meets the agreed entry requirements (benchmark) for training to deliver a VET course. Please list the subjects for which you have DET **accreditation to teach** (this information is available on the DET Portal in Employee Self Service - ESS):

Subject code	Subject name	No. years taught
<i>Eg. SDD</i>	<i>Software Design and Development</i>	<i>8</i>

5. REASON FOR TRAINING

- ☐ Additional Classes
☐ Introduce new course (extend school curriculum)
☐ Other reason: _____
☐ Replacement (Complete Section 6 below)

List all classes in **Information Technology** for 2011 at your school

Classes (Year 11)	No. of students	Classes (Year 12)	No. of students

List all teachers trained in **Information Technology** (✓ Indicate if Head Teacher)

6. FOR REPLACEMENT APPLICANTS ONLY

Who is being replaced?

Why is replacement necessary? (*eg. extended leave, transfer, etc.*)

If replacement is the result of a transfer, to which school has the trained teacher transferred?

7. APPLICATION FOR ENTRY OR EXEMPTION

This section is only to be completed by the applicant if seeking entry into the training program from outside the entry requirements OR exemption from components of the training program (*please tick appropriate box/s AND provide relevant evidence*).

- ☐ **ENTRY** into training from outside entry requirements
 (*Provide evidence of industry experience or relevant qualifications*)

AND / OR EXEMPTION from:

- ☐ **Industry Specific Training**
 (*Include current training package qualifications and transcripts*)
☐ **Industry Placement**
 (*Include copy of job descriptions and other relevant documents*)
☐ **Certificate IV Training & Assessment** (TAE40110/TAA40104)
 OR Cert IV Assessment in Workplace Training (BSZ40198)

NOTE: The Methodology Orientation is a **MANDATORY** component of training. Exemption from this component will not be granted even if you are accredited in another framework area.

8. FUNDING SOURCE FOR TRAINING

✓	Funding Source (please indicate by selecting one box only)	Signature of Approval School Principal	Signature of Approval for RVEC Funding Source RTO or Self (where applicable)
	1. Replacement (Semester 1 ONLY) <i>The school supports the training of the applicant.</i>	Signature of School Principal	Signature of RVEC
	2. Allocation (Semester 2 ONLY) <i>The school supports the training of the applicant.</i>	Signature of School Principal	Signature of RVEC
	3a. RTO <i>The RTO agrees to meet the costs associated with training.</i>	Signature of School Principal	3b. RTO <i>The school supports the training of the applicant.</i>
	4. School <i>The School agrees to meet the costs associated with training.</i>	Signature of School Principal	Signature of RVEC
	5a. Self <i>For casuals engaged in temporary positions. The school supports the training of the applicant.</i>	Signature of School Principal	5b. Self <i>I agree to meet the costs associated with training.</i>
			Signature of Applicant

9. DECLARATION BY PRINCIPAL

- The information on the attached teacher profile is correct.
- The school understands the nature and extent of the VET teacher training program and agrees to support and release the teacher to complete the training requirements.
- The school is aware of and able to meet the syllabus and resource requirements of this course.
- Selected funding source must be accompanied by appropriate signatures.

Signature of Principal	Date

Privacy Notice

The information provided by the applicant is being obtained for the purpose of the administration of the 2011 VET Teacher Training Program by the NSW Department of Education and Training. It will be used by the NSW Department of Education and Training for consideration of the applicant's admission to the Program and ongoing participation in the Program.

Other persons and/or agencies that will or may be provided with this information are other education authorities in both the public and private sector. Reasons for the collection and disclosure of information are for the purposes of consideration of the applicant's application to participate in the Program, the applicant's participation in the Program and other purposes relevant to the proper and prudent management of the NSW Department of Education and Training's VET Teaching Training Program.

The information is provided as part of the applicant's applying voluntarily to participate in VET Teacher Training. The information will be stored securely.

The applicant may correct any *personal information* provided at any time by contacting VET Teacher Training on 02 9244 5141.

10. DECLARATION BY APPLICANT

I understand that if offered a position in the 2011 VET Teacher Training Program, I will be obliged to sign an ACCEPTANCE OF VET TEACHER TRAINING, stating that I:

- have read the relevant VET Teacher Training information concerning the training program for the Information Technology industry curriculum framework,
- am aware that unless otherwise advised, I will be required to attend all components of the training program, and
- understand that training may be held at venues which may require travel. In some circumstances, overnight accommodation may be required.

All costs associated with participation in the training program will be met from the funding source outlined above. I am aware that all components of this training program will need to be completed within **SIX MONTHS** of commencing training. Failure to complete training within this timeframe may result in the withdrawal from training, incurring additional costs to my school or region, and could jeopardise student accreditation.

I certify that the information I have provided on this form is accurate and complete. In applying, I acknowledge that personal information about me will be provided to the NSW Department of Education and Training (DET) and that in the interest of proper and prudent management of its training program, the DET may liaise with and share information about me with other education authorities in both the public and private sectors.

Statement of understanding:

I have

- Completed **all** sections of this application form.
- Attached **copies** of supporting evidence

Signature of Applicant	Date